Financial Institution Data Match

General Information Booklet

Including background information, participation instructions, required forms and magnetic media specifications for exchanging data with the Franchise Tax Board.

STATE OF CALIFORNIA
FRANCHISE TAX BOARD
FTB 2049 (REV 04-2000)

This publication explains the Financial Institution Data Match (FIDM) program and provides the forms and record layouts necessary for the data exchange. Current information is available on our website www.ftb.ca.gov/fidm

CRITICAL INFORMATION

The Election Form serves as the formal agreement between the Franchise Tax Board (FTB) and the financial institutions to exchange data.

Use this booklet to complete your election form and to prepare your data exchange files to be submitted to FTB on one of the following media:

IBM 3480 or 3490 cartridge *(preferred)*
Standard ½" tape reel
Compact Disk (CD)
3½" diskettes

The Method 2 Inquiry File will only be sent on the following media:

IMB 3480 cartridge
Standard ½" tape reel
Compact Disk (CD)

Please fax completed election and waiver **forms** to (916) 845-0412 Attn: FIDM
OR mail them to:

FIDM: Mail Stop B-40
Franchise Tax Board
PO Box 460
Rancho Cordova CA 95741-0460

Magnetic Media accompanied by the transmittal form should be sent to:

Shipping	*US Postal Service*
Magnetic Media FIDM	Magnetic Media FIDM
Franchise Tax Board	Franchise Tax Board
9645 Butterfield Way	PO Box 942840
Sacramento CA 95827	Sacramento CA 95240

If you send your media to FTB by US Postal Service, you must use PO Box 942840.

Where to Get Help

If you have any questions regarding the data exchange or any part of this booklet, please call the FIDM Help Desk at (916) 845-6304 Monday through Friday from 7:30am to 4:00pm or send an e-mail to fidmhelp@ftb.ca.gov . The FIDM Help Desk also has an interactive voice response system available 24 hours a day.

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The following forms are located at the back of the publication:

Election Form FTB 2049A
Waiver Request Form FTB 2049B
Magnetic Media Transmittal Form FTB 2049C

BACKGROUND

The Financial Institution Data Match (FIDM) process was mandated by the federal Welfare Reform Act of 1996, also known as the Personal Responsibility and Work Opportunity Reconciliation Act. Welfare Reform was designed to improve the lives of children by placing financial responsibility for children on both of their parents. Financial responsibility includes payment of any child support obligation. Since nearly half of all child support obligations are not being met, the FIDM process was designed to provide an additional method to collect delinquent child support payments. Under this child support enforcement program, California is required to enter into agreements with financial institutions to identify accounts of child support debtors through a match process. As a result, liens or levies may be issued against those accounts to collect past-due child support.

LEGISLATION

The federal law requiring the data match is located in Sections 666 and 669A of Title 42 of the United States Code and Sections 466 and 469A of the Social Security Act. In response to the federal mandate, Section 19271.6 was incorporated into the California Revenue and Taxation Code (CA R&TC) assigning the Franchise Tax Board responsibility for managing the data match program in California.

WHICH FINANCIAL INSTITUTIONS ARE SUBJECT TO PARTICIPATION IN THE MATCH PROCESS?

A financial institution for FIDM purposes is defined as any of the following: depository institution; institution-affiliated party; federal or state credit union (including an institution-affiliated party of a credit union); benefit association, insurance company, safety deposit company, or money-market mutual fund; or any other similar entity authorized to do business in the state. 42 USC Section 666(a)(17)(D)(i), Social Security Act Section 469A(d)(1) and CA R&TC Section 19271.6 (ℓ)(2).

WHAT TYPES OF ACCOUNTS ARE INCLUDED IN THE MATCH PROCESS?

An account for FIDM purposes means any demand deposit account, share or share draft account, checking or negotiable withdrawal order account, savings account, time deposit account or a money market fund, whether or not the account bears interest. 42 USC Section 666(a)(17)(ii), Social Security Act Section 466(a)(17)(D)(ii) and CA R&TC Section 19271.6 (ℓ)(1).

WHAT TYPE OF LIABILITY WILL ACCRUE TO FINANCIAL INSTITUTIONS?

A financial institution is not liable under any federal or California law to any person for disclosure of information to FTB, for encumbering or surrendering any assets held by such financial institution in response to a notice of lien or levy (i.e., an Order to Withhold) issued by FTB or for any other action taken in good faith to comply with the data match requirements. 42 USC Section 666(a)(17)(C), Social Security Act Section 466(a)(17)(C) and CA R&TC Section 19271.6(f).

A financial institution may not disclose to a depositor or accountholder that the name, address, social security number or other identifying information of that person has been received from or furnished to the Franchise Tax Board. CA R&TC 19271.6(e).

The FIDM system implemented pursuant to guidelines prescribed by the State Department of Social Services and the Franchise Tax Board will not be subject to any limitation set forth in the California Right to Financial Privacy Act. However, any use of the information for any purpose other than the enforcement and collection of a child support delinquency will be a misdemeanor disclosure violation. CA R&TC 19271.6(b).

DATA MATCH PROCESS

OVERVIEW

There are two methods available for completing the data match process. The process begins with the financial institution's election of Method 1 or Method 2 accomplished by completing and submitting the Election Form. The Election Form is the formal agreement between FTB and the financial institutions to conduct the data match process, and it satisfies the federal mandate to enter into such agreement.

Method 1

FTB matches the financial institution's account information against the list of child support debtors for a particular quarter. Method 1 participants provide FTB with a file of all open accounts for the first quarter of participation in a calendar year. For the subsequent quarters, the Method 1 file may be an Update File containing only accounts opened, closed or changed during a particular quarter. However, FTB will accept an all Accounts File for each quarter. A Magnetic Media Transmittal Form must accompany the Method 1 File each quarter.

Reporting "No Updates"

If the Method 1 update selection process results in "No Updates" for a particular quarter, a Magnetic Media Transmittal Form must be completed and submitted with the words "No Updates" written in large bold print near the top of the form. *Do not submit a magnetic media file with no records.*

Method 2

The financial institution matches the list of child support debtors for a particular quarter against all the accounts maintained by the financial institution. FTB sends the financial institution an Inquiry File, which is the list of child support debtors. After completing the match process, the financial institution sends FTB a Match File accompanied by the Transmittal Form or a Transmittal Form that indicates there were no matches.

Reporting "No Matches"

If the Method 2 match process results in "No Matches," a Magnetic Media Transmittal Form must be submitted with the words "No Matches" written in bold print near the top of the form. *Do not submit a magnetic media file with no records.*

Important Points

- The match process is conducted on a quarterly basis. See page 3 for a schedule of due dates.
- The match process is achieved through magnetic media (or electronically when it becomes available).
- The record layout and specifications were prescribed at a national level. See pages 8 through 25 for the required layouts.
- The residence of the accountholder of a financial institution is irrelevant for the purposes of conducting the data match.
- A transmitter may be engaged to conduct the data exchange on behalf of the financial institution.

SCHEDULE OF PARTICIPATION

Quarter	Quarter Months	Quarter Ending Date	Inquiry File Mail Date (Method 2)	Method 1 & 2 Data Files Due
1st Qtr	Jan, Feb, Mar	Mar 31	Apr 15	May 30
2nd Qtr	Apr, May, Jun	Jun 30	July 15	Aug 30
3rd Qtr	Jul, Aug, Sep	Sep 30	Oct 15	Nov 30
4th Qtr	Oct, Nov, Dec	Dec 31	Jan 15	Feb 28

A change in Election should be submitted before the Inquiry File mail date of the quarter in which the change begins.

TYPES OF MEDIA

Method 2 Inquiry File
The FTB Inquiry File sent to Method 2 participants will only be available on IBM 3480 tape cartridges, standard ½" tape reels or Compact Disk (CD). The standard ½" tape reel will be formatted with a density of 6250 BPI unless a density of 1600 BPI is specifically requested. The density of 1600 BPI can be requested by phone or by writing it on the Election form where a reel, cartridge or CD is selected for Method 2.

Method 1 Files and Method 2 Match File
Method 1 All Account Files, Method 1 Update Files and Method 2 Match Files may be submitted on IBM 3480 or 3490 tape cartridges, standard ½" tape reels, 3 ½" diskettes or CD.

FTB cannot process 8mm, 4mm and Quarter Inch cartridges.

FORMS

The Election Form, Waiver Form and Magnetic Media Transmittal are included at the back of this booklet. Instructions for completing the forms are on the back of each form. Each form is also available on our FIDM website.

Election Form
The Election Form formally establishes the agreement to exchange data. Once a completed Election Form has been provided, the election remains valid until the financial institution submits a new form to change the election. The data exchange start date entered by the financial institution in the Action Box on the Election Form simply indicates which quarter the financial institution will begin participating in the exchange process or when a change in election should take place. For example, a financial institution with an approved waiver through the second quarter (ending 6/30/00) of the calendar year would enter the third quarter as the start date on the Election Form.

Along with a copy of the completed form submitted to FTB, you may want to keep a copy of the blank Election Form in your records to use if there are any future changes in your election. The form is also available at our FIDM website.

Purpose of the Election Form
- Establish an agreement to exchange data
- Elect the method of exchanging data
- Provide address and contact information
- Designate a transmitter

Designating a transmitter on the Election Form grants FTB permission to exchange data with the transmitter on behalf of the financial institution.

When to Submit a New Election Form
- To change the method previously elected
- To change or add a transmitter
- To change a financial institution's name and/or Federal Employer Identification Number (FEIN)

Address and contact information changes may be made by submitting a new form, requesting the change in a letter, requesting the change in a fax or e-mail or by calling our Call Site at (916) 845-6304.

Waiver Request Form
Participation in the FIDM data exchange program is mandated by federal law; however, under certain circumstances a financial institution may be granted a waiver. The intent of the waiver is to allow financial institutions time to prepare for participation or to grow to a size of holding over 250 accounts. The financial institution is expected to begin participation as soon as it has the ability, even though a waiver may have been previously granted for a longer period of time.

OPTIONAL TEST FILES

Both Method 1 and Method 2 participants can request a Test data exchange by calling our Call Site. The Test exchange process is separate from the actual data exchange process for a particular quarter. Therefore, even if no errors surface through the Test process, a separate file must be submitted for the actual data exchange process for a particular quarter.

Test Exchange Process
- Request a Test exchange by calling the FTB Call Site (916) 845-6304
- Provide a completed Election Form
- Use the special Magnetic Media Transmittal for Test Files
- Write "Test File" directly on the media sent to FTB
- Receive Test results from FTB

If you request to participate in the Test exchange process, and you use Method 1, FTB staff will fax the Test Transmittal to you. For Method 2 participants, the Test Transmittal will be enclosed with the Test Inquiry File.

Transmitters wishing to participate in the Test exchange process should do so through one of their customers. Software or service providers without customers may participate in the Test process by receiving a Method 2 Test Inquiry File of fictitious identities, or by submitting a Method 1 File of fictitious account holders.

LEVY PROCESS

FTB uses the match information to levy debtors' accounts by sending an Order to Withhold to the financial institution. Debtors are notified of the levy when the financial institution sends them the third page of FTB's Order to Withhold or a notification created by the bank. The order allows debtors 10 business days to pay their debt voluntarily. If the debtors do not pay in full or make other arrangements with FTB during the 10-day holding period, the financial institution remits the funds to FTB. For general questions regarding the levy process, call (916) 845-6700.

ELECTRONIC INTERFACES

Electronic Funds Transfer
Electronic funds transfer (EFT) is an electronic service FTB is offering to financial institutions. If your financial institution is interested in transferring funds via EFT, please contact FTB's EFT Help Desk at (916) 845-4025.

File transfers
FTB is currently exploring various methods of exchanging data through electronic means rather than through physical media. FTB is conducting a pilot to explore the option of Extranet data exchange.

To participate in Extranet data exchange, the participant must have the following:
- Internet Access
- Pentium based PC
- Browser that supports SSL and 128 bit encryption
- Connection bandwidth large enough to send your size file (it takes about 10 minutes to download one MB connected at 28.8k, about 5 minutes per MB connected at 56k)
- For Method 2: 100 MB of free disk space to receive the Method 2 Inquiry File from FTB; Connection bandwidth large enough to receive a 33MB or larger Inquiry File

If your institution is interested in Extranet data exchange, please call the FIDM Call Site at (916) 845-6304. FTB will add your institution's name to its list of potential Extranet partners. Your institution will be contacted once FTB's pilot is complete and the Extranet fully implemented.

FINANCIAL DATA MATCH SPECIFICATIONS
(based on specifications from the federal Office of Child Support Enforcement)

This section of the booklet establishes the specifications to be used to conduct the data match. This is a nationwide reporting format established by the Financial Institution Work Group, which serves as an advisory group to the Office of Child Support Enforcement (OCSE). The Work Group is comprised of representatives from financial institutions and their associations, third party processors, software providers, and federal and state child support representatives. Please note that changes to these specifications are subject to clearance by the Federal Office of Management and Budget.

All financial institutions must use these specifications for data matching. For a general explanation of the institutions and financial assets subject to data match reporting, please refer to page 1 of this booklet.

TYPES OF FIDM FILES

Method 1

All Account Files (Account Files): Files created by financial institutions that list all their open accounts. The Account File is submitted to FTB for the first quarter of participation in a calendar year. The financial institution may then submit either Account Update Files or Account Files for each of the subsequent quarters of the calendar year.

Account Update Files (Update Files): Files created by financial institutions that report new, closed or changed accounts, after the Accounts File for that particular calendar year was submitted to FTB.

Method 2

Inquiry Files: Files created by FTB that contain a list of child support debtors that the financial institution matches against its accounts.

Match Files: Files created by financial institutions that list their accounts that matched a Social Security Number on the FTB Inquiry File.

MAGNETIC MEDIA SPECIFICATIONS

California will conduct its data matching via magnetic media data exchange (or electronic exchange when it becomes available). No data may be exchanged through reports written on paper. The media specifications are the same as those used to report tax data on Form 1099-INT. Although the record layout specifications are similar to those in the 1997 IRS Publication (Pub) 1220 (Rev 7-97), the media specifications follow the current IRS Pub 1220 and the FTB 8305 *Magnetic Media Reporting Requirements for Forms 1098, 1099, 5498, W2-G*. FTB prefers to exchange data on IBM 3480 or 3490 cartridges; however, FTB will also accept standard ½" tape reels, 3 ½" diskettes and CD.

FTB INQUIRY FILE SENT TO METHOD 2 PARTICIPANTS

Participants may request the Inquiry File to be sent on a 3480 cartridge, standard ½" tape reel or CD.

- Record size is 99 bytes.
- Records on a Cartridge or Reel will be created in fixed block format with 100 records in each block resulting in a blocksize of 9900 bytes.
- Density for a tape reel will be 6250 BPI, unless 1600 BPI is specifically requested. If 1600 BPI is requested, the file will probably require more than one reel.
- Cartridge and Reel files will be recorded in EBCDIC code and will have a standard IBM internal label.
- CD files will be recorded in ASCII code and the files will be encrypted.

METHOD 1 ALL ACCOUNTS/UPDATE FILES AND METHOD 2 MATCH FILES SUBMITTED TO FTB BY PARTICIPANTS

General

The files submitted to FTB by financial institutions are the Method 1 Account File, the Method 1 Update File and the Method 2 Match File. The following specifications apply to all media, unless specifically stated otherwise:

- All records must be a fixed length of 420 bytes (tape positions).
- All records, except the header and trailer labels, must be in fixed block format, not variable. The number of records within a block must be constant in every block, except the last block, which may be shorter.
- Records may not span blocks.
- The blocksize must be evenly divisible by 420 since block lengths must be an even increment of the record size reported. For example, since the record size is 420 bytes, if the records are blocked at 50 records per block, the blocksize must be exactly 21,000 bytes.
- A block must not exceed 32,760 bytes (tape positions).
- Multiple tapes and diskettes must be consistent with each tape or diskette having the same record lengths, blocksize, coding, internal labels or no internal labels on each one.
- For Cartridges and Reels, Standard IBM OS/VS internal labels are preferred; however, all label configurations or no labels are allowed. If header and trailer labels are provided, they must be separated from the data records by a tapemark. The trailer labels should be followed by two tape marks. The hexadecimal configuration for a tapemark is "13" (decimal 19).

Tape Reels
- Standard ½" tape reel
- 9 track EBCDIC or 9 track 7-bit ASCII may be submitted. Eight-bit ASCII files will not be accepted.
- Density of 6250 BPI is preferred, however 1600 BPI is also acceptable.

Tape Cartridges
- Must be IBM compatible and meet American National Standard Institute (ANSI) standards
- Chromium dioxide particle based ½ inch tape
- ½ inch tape in plastic cartridges which are 4x5x1 inches
- 18 track parallel (IBM 3480) or 36 track parallel (IBM 3490)
- Either EBCDIC or ASCII may be used
- Data must be non-compressed
- 8mm and 4mm cartridges are NOT readable by the Franchise Tax Board

3 ½" Diskette and CD
- Must be recorded in standard ASCII code
- Delimiter character commas (,) must not be used
- Position 420 of each record can be used for a carriage return or a line feed (cr/lf) character, if applicable
- Filename of FIDMCS must be used. If a file consists of more than one diskette, add a 3 digit extension to the filename; e.g. FIDMCS.001, FIDMCS.002, etc.
- No other file entries should appear in the directory on California's file copy
- Zip files are acceptable for large files on diskettes

FIDM Record Layouts

METHOD 1 ACCOUNT FILE, METHOD 1 ACCOUNT UPDATE FILE AND METHOD 2 MATCH FILE

All files submitted to FTB under FIDM (Method 1 Account File, Method 1 Account Update File and the Method 2 Match File) will contain only three types of records, similar in character to 1099 Magnetic Media files.

"A"	Financial Institution Record
"B"	Account Owner Record
"T"	Total Record

These records are defined within the record layouts included on following pages of the Booklet. The record layouts are patterned after the nationwide reporting format and must be used for all accounts that the financial institution is required to report under FIDM. Many of the field definitions match the standards used by the IRS in its 1997 Pub 1220 (Rev. 7-97) for 1099 INT/DIV reporting. The records for FIDM must be a fixed length of 420 positions.

METHOD 1 AND METHOD 2 "A" RECORD: FINANCIAL INSTITUTION INFORMATION

All participants, regardless of the reporting method chosen, will use the "A" Record. **Position 371 in the "A" Record is used to designate what type of file is being submitted (Method 2 Match File, Method 1 Account File or Account Update File).** The "A" Record identifies the financial institution and the transmitter. The "B" and "T" Record layouts for Method 1 and Method 2 participants follow this section.

Method 1 and 2 "A" Record

Position	Size	Description	Comments/Format
001	1	Record Type	Constant "A"
002—003	2	Blanks	
004—006	3	Tape Reel Seq Number	Start with 001
007—015	9	Institution FEIN	Federal Employer Identification Number
016—019	4	Institution Name Control	First 4 letters without blanks
020—025	6	Year and Month from "D" Record for Method 2	CCYYMM; Create date for Method 1, enter date
026—031	6	Blanks	
032	1	Test/Corr. Indicator	Enter "T" if this is a test file.
033	1	Service Bureau Indicator	Enter "1" if used service bureau
034—041	8	Blanks	
042—043	2	Magnetic Tape Indicator	Enter "LS" for tape reels or cartridges otherwise blank
044—048	5	Blanks	
049	1	Foreign Corporation Indicator	Enter "1" if foreign corporation
050—089	40	Institution Name	Institution name for levy service
090—129	40	Second Institution Name	Continuation of Institution Name or name of Transfer Agent or blanks
130	1	Transfer Agent Indicator	"0" or "1"
131—170	40	Institution Street Address	Address to which a levy should be mailed
171—199	29	Institution City	Address to which a levy should be mailed
200—201	2	Institution State	Address to which a levy should be mailed
202—210	9	Institution Zip Code	Address to which a levy should be mailed
211—219	9	Reporting Agent/Transmitter FEIN	
220—290	71	Reporting Agent/Transmitter Name	
291—330	40	Reporting Agent/Transmitter Str Adr	
331—359	29	Reporting Agent/Transmitter City	
360-361	2	Reporting Agent/Transmitter State	
362-370	9	Reporting Agent/Transmitter Zip Code	
371	1	Data Match File Indicator	
372-420	49	Blanks	Position 420 may be carriage return or line feed character if applicable

Position	Size	Description
002-003	2	Blanks

Position	Size	Description	
004-006	3	Tape Reel Sequence Number	(Optional)

 This is for institutions filing multiple tapes. Enter the reel sequence number incremented by 1 for each tape or diskette on the file starting with 001. Zeros or blanks may be entered.

Position	Size	Description
007-015	9	Institution FEIN

 Must be the valid nine-digit Federal Employer Identification Number assigned to the financial institution. Do not enter blanks, hyphens, or alpha characters.

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Method 1 and 2 "A" Record

Position	Size	Description
016-019	4	Institution Name Control (Optional)

The payer Name Control can be obtained only from the mail label on the IRS Package 1099 that is mailed to most payers each December. Names of less than 4 characters should be left-justified filling unused positions with blanks. If the Payer Name Control is not known, this field must be blank filled.

Position	Size	Description
020-025	6	Year and Month

For Method 1, enter the year (in century format) and the month the file is generated. For example, April 2000 would be entered as: "200004". For Method 2, enter (in century format) the date from positions 002-007 of the "D" Record on the Inquiry File created by FTB. This is the date the Inquiry file was generated.

Position	Size	Description
026-031	6	Blanks

Position	Size	Description
032	1	Test/Corr Indicator (Optional)

Enter a "T" if this is a test file, otherwise, enter blank.

Position	Size	Description
033	1	Service Bureau Indicator (Optional)

Enter a "1" if the financial institution used a person or organization to prepare and/or submit Data Match information. A parent company submitting data for a subsidiary is not considered a service bureau.

Position	Size	Description
034-041	8	Blanks

Position	Size	Description
042-043	2	Magnetic Tape Indicator (Optional)

Enter the letters "LS" if you are filing a magnetic tape reel or cartridge, otherwise leave blank

Position	Size	Description
044-048	5	Blanks

Position	Size	Description
049	1	Foreign Corporation Indicator

Enter a "1" if the financial institution is a foreign corporation. If not, enter a blank. This field is optional in the sense that a "1" is not required if the indicator does not apply. A Foreign corporation is any corporation organized or created other than in or under the laws of the United States, any of its States, the District of Columbia or territories. A "1" must be entered here if the institution has a foreign address that does not fit the normal format for city, state and zip code in positions 171-210. When "1" is entered, it allows a free format to be used in positions 171- 210 as a continuous 40 position field.

Position	Size	Description
050-089	40	Institution Name

Enter the name of the institution whose FEIN appears in positions 007- 015 of this "A" Record. Enter the name to be used by FTB for proper levy processing. This is especially important for mutual funds.

Method 1 and 2 "A" Record

Position	Size	Description
090-129	40	Second Institution Name (or Transfer Agent) (Optional)

If this line is blank filled or used for a continuation of the Institution Name entered in positions 050-089, enter "0" (zero) in position 130. If the name of a Transfer Agent is reported on this line, enter "1" in position 130. Transfer Agents are not relevant to Data Match, but this information will be accepted from institutions that modify their 1997 Form 1099 programming for Data Match reporting. Fill unused positions with blanks.

Position	Size	Description
130	1	Transfer Agent Indicator (Optional)

Enter "0" (zero) if positions 090-129 is blank or is used for the continuation of the Institution Name. Enter "1" if the entity in 090-129 is a Transfer Agent.

Position	Size	Description
131-170	40	Institution Street Address (Address for Levy Service)

Please verify and enter the address that is authorized to receive an FTB levy sent to your institution. The institution street address may be different from the one entered in these positions for 1099 reporting, particularly for larger institutions.

Position	Size	Description
171-199	29	Institution City

Left-justify and blank fill unused positions.

Position	Size	Description
200-201	2	Institution State

Enter the valid US Postal Service state abbreviations for states.

Position	Size	Description
202-210	9	Institution Zip Code

If only the first five digits are known, left-justify and fill unused positions with blanks. For foreign countries, alpha characters are acceptable if "1" has been entered in position 049 of this "A" Record.

Position	Size	Description
211-219	9	Reporting Agent/Transmitter FEIN

This field must contain the valid Federal Employer Identification Number assigned to the Reporting Agent/ Transmitter submitting the Method 1 data or conducting the Method 2 data exchange with FTB (whether or not the Method 2 participant elected to have the Inquiry File sent directly to their transmitter). The FEIN must be the same as the one entered on the Magnetic Media Transmittal Form. Do not enter hyphens or alpha characters.

A financial institution is not reportable as its own transmitter.

Position	Size	Description
220-290	71	Reporting Agent/Transmitter Name

A financial institution is considered to be a transmitter only when submitting data or conducting the data exchange on behalf of another financial institution. A financial institution is not reportable as its own transmitter. If two or more related branches are included on one FDIM media (tape, diskette, etc) with consecutive files containing an "A" Record, "B" Records and "T" Record for one branch followed by the "A" Record, "B" Records and a "T" Record for another branch, and so on, a transmitter relationship should be reported. If all the accounts for two or more related branches are centrally processed and accounted for in one file containing one "A" Record, all the "B" Records for all the branches and one "T" Record, a transmitter relationship would not be reported.

Position	Size	Description
291-330	40	Reporting Agent/Transmitter Street Address
331-359	29	Reporting Agent/Transmitter City
360-361	2	Reporting Agent/Transmitter State

Method 1 and 2 "A" Record

Position	Size	Description
362-370	9	Reporting Agent/Transmitter Zip Code
371	1	Data Match File Indicator

M = The file submitted is a Match File (M) if: the institution has elected Method 2, has matched its accounts to the FTB Inquiry File and is remitting a list of those matched accounts owned by persons included on that Inquiry File.

A = The file submitted is an Account File (A) if: the institution has elected Method 1 and is submitting a list of ALL open accounts for FTB to use in its internal data matching system. FTB will accept an Account File (A) each quarter.

U = The file submitted is an Account Update File (U) if: an institution has elected Method 1 and is reporting only those accounts opened, closed or changed after an Account File was submitted within a calendar year. The first Method 1 file submitted in a calendar year must be an Account File (A). All files submitted for the remaining quarters of that calendar year may be an Account Update File.

Position	Size	Description
372-420	49	Blanks

When applicable, such as files submitted on diskette or CD, position 420 may be used for a carriage return or a line feed character.

**Method 1 filers should continue to the next section, the *Method 1,the All Accounts Method "B" Record.*
Method 2 filers should skip to the *Method 2, The Matched Accounts Method "B" Record* section*.**

METHOD 1, ALL ACCOUNTS METHOD - ACCOUNT FILE/ACCOUNT UPDATE FILE "B" RECORD

This record layout is for filers electing Method 1, the All Accounts Method of reporting data match information. The Method 1 "B" Record identifies the owners of all the accounts held by the participating financial institution.

Method 1 "B" Record

Position	Size	Description	Comments/Format
001	1	Record Type	Constant "B"
002-007	6	Year and Month	CCYYMM from "A" Record position 020-025
008-011	4	Payee Last Name Control	First 4 letters without blanks of Primary Accountholder's last name
012-014	3	Blanks	
015-023	9	Payee SSN	Primary Accountholder's SSN
024-043	20	Payee's Account Number	Account number for this record
044-060	17	Blanks	
061-160	100	Account Full Legal Title	
161	1	Foreign Country Indicator	"1" = foreign, otherwise blank
162-201	40	1st Payee Name	Primary Accountholder's Name
202-241	40	2nd Payee Name	Secondary Accountholder's Name
242-281	40	1st Payee Street Address	Primary Accountholder's Street Address
282-310	29	1st Payee City	Primary Accountholder's City
311-312	2	1st Payee State	Primary Accountholder's State
313-321	9	1st Payee Zip Code	Primary Accountholder's Zip Code
322-350	29	Blanks	
351-357	7	Account Balance	Numeric whole dollars or zero filled, sign trailing; Zeroes required if position 361 = 0
358	1	Blank	
359	1	Trust Fund Indicator	Possible values: 0 = Closed Account or Not a Trust Account 1 = UTMA/UGMA Account 2 = IOLTA Account 3 = Mortgage Escrow Account 4 = Security Deposits (including Real Estate) 5 = Other Trust/Escrow 6 = Information Not Available
360	1	Blank	
361	1	Account Balance Indicator	Possible values: 0 = Not Provided 1 = Average Balance 2 = Current Balance
362	1	Account Update File Indicator 0 = Delete (closed account)	Account Update Files only. Possible values: 1 = Add (new account since last exchange) 2 = Change (name/address change)
363-370	8	Date of Birth	CCYYMMDD; blank filled if not available
371-380	10	Blanks	
381-382	2	Account Type	00 = Not Applicable 01 = Savings Account 04 = Checking/Demand Deposit Account 05 = Term Deposit Certificate 11 = Money Market Account 12 = IRA/KEOGH 14 = ERISA Plan Account 16 = Cash Balances 17 = Compound Account 18 = Other
383-410	28	Blanks	
411-419	9	2nd Payee SSN	Secondary Accountholder's SSN
420	1	Blank	May be carriage return or line feed

Method 1 "B" Record

Position	Size	Description
002-007	6	Month and Year

Enter the year (century format) and month the file is generated from positions 020-025 of the "A" Record. For example, April 2000 would be entered as: "200004."

Position	Size	Description
008-011	4	Payee Name Control

If determinable, enter the first 4 letters of the surname of the accountholder whose SSN is reported in positions 015-023 of this "B" Record. Do not enter any spaces between the first 4 letters of the surname. Left-justify and for names with fewer than 4 letters, fill unused positions with blanks. This is an important field for California processing purposes. Please provide the 4 digit name control if possible.

Position	Size	Description
012-014	3	Blanks

Position	Size	Description
015-023	9	Payee SSN (Required)

Enter the Social Security Number (SSN) of the Primary Owner of the account. If the Primary Owner is a business, enter the Federal Employer Identification Number.

Position	Size	Description
024-043	20	Payee's Account Number

Enter the account number of this account (owned by the person or business whose SSN or FEIN is reported in positions 015-023 of this "B" Record).

Position	Size	Description
044-060	17	Blanks

Position	Size	Description
061-160	100	Account Full Legal Title

Report the full account title of the account reported. Some institutions may find it helpful to report trust accounts, mutual fund accounts or other titles (i.e., Law office of ...)

Position	Size	Description
161	1	Payee Foreign Country Indicator

If the address of the Accountholder, whose SSN or FEIN was provided in positions 015-023 of this "B" Record, is in a foreign country, enter a "1" in this field; otherwise enter blank. This field is optional in the sense that a "1" is not required if the indicator does not apply. When "1" is entered, it allows a free format to be used in the 1st Payee City, State and Zip Code fields (positions 282 through 321) as a continuous 40 position field. Enter foreign address information in the following order: city, province or state, postal code, and the name of the country.

Position	Size	Description
162-201	40	1st Payee Name (Required)

Enter both the last and first name (preferably last name first) of the Primary Owner of the account whose SSN was provided in positions 015-023 of this "B" Record. If the Primary Owner is a business, enter the full name of the business.

Position	Size	Description
202-241	40	2nd Payee Name (Required)

Enter both the last and first name (preferably last name first) of the Secondary Accountholder of the account whose SSN is reportable in positions 411-419 of this "B" Record. If none, enter blanks. If there are more than two owners of an account, the Secondary Accountholder would be any of the owners other than the Primary Owner (however, an individual rather than a business is preferred). If the Secondary Accountholder is a business, enter the full business name.

Position	Size	Description
242-321	80	1st Payee Address, City, State, Zip Code

Enter the address (in the positions designated in the record layout) of the person or entity whose SSN or FEIN is entered in positions 015-023. If this address does not exist, enter the address of the Secondary Owner of the account.

Method 1 "B" Record

Position	Size	Description
322-350	29	Blanks

Position	Size	Description
351-357	7	Account Balance

Show the account balance or value in whole dollars only with the sign trailing (positive/negative) or embed the sign in the account balance field without occupying an additional storage position. Embedded signs cannot be used in PC created files. For brokerage firms reporting margin accounts, the balance or value is the account holder's equity position or the value of the account less any borrowed amount. For accounts with balances of 999,999 (for amount with trailing sign) or 9,999,999 (for amount with embedded sign) enter 999,999 or 9,999,999 respectively. For closed accounts, or where the information is unavailable, fill with zeroes and enter "0" (zero) in position 361.

Position	Size	Description
358	1	Blank

Position	Size	Description	
359	1	Trust Fund Indicator	Do not enter a blank.

The Trust Fund Indicator is necessary for effective FTB levy service. Enter a single digit (0—6) to indicate whether the account registration shows it as a trust or escrow account. Enter a "0" (zero) for closed accounts and a "6" if the information is not available.

0 = Not a Trust Account or Closed Account	4 = Security Deposits (incl. Real Estate)
1 = UTMA/UGMA Account	5 = Other Trust/Escrow
2 = IOLTA Account	6 = Information Not Available
3 = Mortgage Escrow Account	

Position	Size	Description
360	1	Blank

Position	Size	Description
361	1	Account Balance Indicator

Enter "0" if the account balance to be entered in positions 351-357 has not been provided or the account is closed.
Enter "1" if an average balance is reported (whether daily, monthly, etc).
Enter "2" if a current balance (as of the day the report is created) is provided.

Position	Size	Description
362	1	Account Update File Indicator

Enter a blank if submitting an Account File (all accounts). For Account Update Files only:
Enter "0" if this account has been closed since the last report filed by the financial institution.
Enter "1" if this is a new account, opened since the last report filed by the financial institution.
Enter "2" if there is revised account information from the last report filed by the financial institution (changes in name, address, ownership, etc.).

Position	Size	Description
363-370	8	Date of Birth

Enter the date of birth of the account owner whose SSN is entered in positions 015-023. Report the date in CCYYMMDD format (i.e., August 1, 1970 = 19700801). If the accountholder is a business or the date of birth is not available, enter blanks.

Position	Size	Description
371-380	10	Blanks

Position	Size	Description
381-382	2	Account Type

Enter two digits for the code that identifies the type of account. If an IRA or ERISA plan contains any of the others, identify the account only as an IRA or ERISA Plan. A compound account is an investment account where portions of the balance are in differing funds - stock, money market, bonds etc.

00 = Not Applicable	12 = IRA/Keogh Account
01 = Savings Account	14 = ERISA Plan Accounts
04 = Checking/Demand Deposit Acct.	16 = Cash Balances
05 = Term Deposit Certificate	17 = Compound Account
11 = Money Market Account	18 = Other

Method 1 "B" Record

Position	Size	Description
383-410	28	Blanks

Position	Size	Description
411-419	9	2nd payee SSN (Required)

To the extent available, enter the SSN of the Secondary Accountholder. If there are more than two owners of an account, the Secondary Accountholder would be any of the owners other than the Primary Owner (however, an individual rather than a business is preferred). If the Secondary Accountholder is a business, enter the FEIN.

Position	Size	Description
420	1	Blank

When applicable, such as for files on diskette or CD, position 420 may be used for a carriage return or a line feed character.

METHOD 1 "T" RECORD (TOTALS)

The "T" Record is a summary of all the "B" Records reported for the financial institution whose FEIN is entered in positions 007-015 of the "A" Record. The totals in the "T" Record are a count of a particular item reported in the "B" Records or a sum of dollar amounts reported in the "B" Records of a particular financial institution.

Enter numeric values. Right-justify information and zero fill unused positions.

Method 1 "T" Record

Position	Size	Description	Comments/Format
001	1	Record Type	Constant "T"
002-010	9	Total Number of Accounts Reported	Numeric
011-019	9	Number of Closed Accounts Reported	Account Update Files Only Numeric
020-028	9	Constant zero	Numeric
029-037	9	Number of Trust Accounts Reported (All Types)	Numeric
038-046	9	Number of New Accounts Reported	Account Update Files Only Numeric
047-055	9	Blanks	
056-064	9	Number of Address/Owner Changes Reported	Account Update Files Only Numeric
065-073	9	Blanks	
074-082	9	Constant zero	Numeric
083-091	9	Total Dollar Amount Reported	Numeric, sign trailing
092-100	9	Total Number of IRAs Reported	Numeric
101-420	320	Blanks	May be carriage return or line feed

Position	Size	Description
002-010	9	Total Number of Accounts Reported

Count the number of "B" records reported and enter the total.

| 011-019 | 9 | Number of Closed Accounts Reported |

For Account Update Files only, count the number of closed accounts reported in the "B" Record and enter the total. Zero fill if this is an Account File (reporting all open accounts).

| 020-028 | 9 | Constant Zero |

Zero fill all 9 positions.

| 029-037 | 9 | Number of Trust Accounts Reported |

Count the number of Trust Accounts (all types of trusts) reported in the "B" Record and enter the total.

Method 1 "T" Record

Position	Size	Description
038-046	9	Number of New Accounts Reported

For Account Update Files only, count the number of new accounts reported in the "B" Record and enter the total. Zero fill if this is an Account File (reporting all open accounts).

Position	Size	Description
047-055	9	Blanks

Position	Size	Description
056-064	9	Number of Changes

For Account Update Files only, count the number of accounts included in the "B" record to report changes in account ownership or owner addresses.

Position	Size	Description
065-073	9	Blanks

Position	Size	Description
074-082	9	Constant Zero

Zero fill all 9 positions.

Position	Size	Description
083-091	9	Sum of Dollar Amounts Reported in the "B" Records

Show the sum in whole dollars only, with the sign trailing (positive/negative) or embed the sign in the account balance field without occupying an additional storage position. Embedded signs cannot be used in PC created files. For a total dollar amount greater than 999,999 (with trailing sign) or 9,999,999 (with embedded sign) enter 999,999 or 9,999,999 respectively.

Position	Size	Description
092-100	9	Number of IRAs Reported

Count the number of IRAs reported in the "B" Record and enter the total.

Position	Size	Description
101-420	1	Blanks

For files submitted on diskette or CD, position 420 may be used for a carriage return/line feed character.

METHOD 2, THE MATCHED ACCOUNTS METHOD – MATCH FILE "B" RECORD

This record layout is for the "B" Record of the Match Files created by the financial institutions electing Method 2, the Matched Accounts Method of exchanging data. The Method 2 "B" Record identifies all the accounts held by owners that matched a record included on the FTB Inquiry File for a particular quarter. See page 9 for the Method 2 Match File "A" Record. See page 7 for the specifications for the Method 2 Inquiry File.

Method 2 "B" Record

Position	Size	Description	Comments/Format
001	1	Record Type	Constant "B"
002-007	6	Year and Month	CCYYMM from "A" Record position 020-025
008-011	4	Payee Last Name Control	First four letters without blanks of Matched Accountholder's last name
012-014	3	Blanks	
015-023	9	Matched SSN	
024-043	20	Payee's Account Number	Matched Accountholder's Account Number
044-060	17	Blanks	
061-160	100	Account Full Legal Title	
161	1	Foreign Country Indicator	"1" = Foreign, otherwise blank
162-201	40	Matched Name	Name of Accountholder whose SSN is entered in positions 015-023
202-241	40	2nd Payee Name	See description below
242-281	40	Matched Name Street Address	Matched Accountholder's Address
282-310	29	Matched Name City	Matched Accountholder's City
311-312	2	Matched Name State	Matched Accountholder's State
313-321	9	Matched Name Zip Code	Matched Accountholder's Zip Code
322-326	5	FIPS Code Pass-Back Information	Pass-back "I" Record positions 072-076
327-349	23	Additional State Pass-Back Info.	Pass-back "I" Record, positions 077-099
350	1	Blank	
351-357	7	Account Balance	Numeric, whole dollars or zero filled, sign trailing; Zeroes required if position 361 = 0
358	1	Match Flag Comparison of SSN and First Four Characters of Last Name; Possible Values:	Comparison of SSN and First Four 0 = Unwilling/Unable to Complete Comparison 1 = Did Comparison & Name/SSN Matched 2 = Did Comparison & Name Did Not Match
359	1	Trust Fund Indicator	Possible Values: 0 = Not a Trust Account 1 = UTMA/UGMA Account 2 = IOLTA Account 3 = Mortgage Escrow Account 4 = Security Deposits (incl. Real Estate) 5 = OtherTrust/Escrow 6 = Information Not Available
360	1	Blank	
361	1	Account Balance Indicator	Possible Values: 0 = Not Provided 1 = Average Balance (whether daily, monthly, etc.) 2 = Current Balance
362	1	Blank	
363-370	8	Date of Birth	CCYYMMDD; blank filled if not available
371-380	10	State Pass-Back Information	Pass-back "I" Record positions 011-020

Method 2 "B" Record

Position	Size	Description	Comments/Format
381-382	2	Account Type	00 = Not Applicable 01 = Savings Account 04 = Checking/Demand Deposit Account 05 = Term Deposit Certificate 11 = Money Market Account 12 = IRA/KEOGH 14 = ERISA Plan Account 16 = Cash Balances 17 = Compound Account 18 = Other
383-397	15	Case Pass-Back Information	Pass-back "I" Record positions 057-071
398-400	3	Blanks	
401	1	Payee Indicator	Possible values: 0 = If Match is Primary and Sole Accountholder 1 = If Match is Secondary Accountholder 2 = If Match is Primary, but Not Sole Accountholder
402-410	9	Primary SSN	If Primary SSN is Not in positions 015-023
411-419	9	2nd Payee SSN	If Secondary SSN is Not in position 015-023
420	1	Blank	May be carriage return or line feed

Position	Size	Description
002-007	6	Year and Month

Enter the year (century format) and month the file is generated, from positions 020-025 of the "A" Record. For example, April 2000 should be entered as "200004."

Position	Size	Description
008-011	4	Payee Last Name Control

If determinable, enter the first 4 letters of the surname of the accountholder whose SSN is reported in positions 015-023 of this "B" Record. Do not enter any spaces between the first 4 letters of the surname. Left-justify and for names with fewer than 4 letters, fill unused positions with blanks. This is an important field for California processing purposes. Please provide the 4 digit name control if possible.

Position	Size	Description
012-014	3	Blanks
015-023	9	Matched SSN (Required)

Enter the Social Security number matched with the State Inquiry File.

If the FTB Inquiry File includes multiple records (with the same SSN) matching an account, submit the account information as a separate "B" Record for each time the SSN appears on the FTB Inquiry File. The records will be distinguished from one another for FTB matching purposes by the Case Pass-Back Information in positions 383-397 of this "B" Record.

If the Matched SSN belongs to the Primary Owner of the account:
- Enter the Primary Owner's name in positions 162-201, Matched Name
- Enter blanks in positions 402-410, Primary SSN, because the Primary SSN is already reported as the Matched SSN
- Enter appropriate Payee Indicator in position 401

If the Matched SSN belongs to a Secondary Owner of the account:
- Enter the Secondary Owner's name in positions 162-201, Matched Name
- Enter blanks in positions 411-419, 2nd Payee SSN, because the Secondary Owner's SSN is already reported as the Matched SSN
- Enter "1" in position 401, Payee Indicator
- Enter the Primary Owner's name in positions 202-241, 2nd Payee Name, and enter the Primary Owner's SSN in positions 402-410

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Method 2 "B" Record

Position	Size	Description
024-043	20	Payee's Account Number

Enter the account number of this account (owned by the person whose SSN is reported in positions 015-023 of this "B" Record).

Position	Size	Description
044-060	17	Blanks
061-160	100	Account Full Legal Title

Report the full account title of the account matched. Some institutions may find it helpful to report trust accounts, or other titles (i.e. Law office of ...)

Position	Size	Description
161	1	Foreign Country Indicator

If the address of the Accountholder, whose SSN is entered in positions 015-023, is in a foreign country, enter a "1" in this field; otherwise leave blank. This field is optional in the sense that a "1" is not required if the indicator does not apply. When "1" is entered, it allows a free format to be used in the Matched Payee City, State and Zip Code fields (positions 282 through 321) as a continuous 40 position field. Enter foreign address information in the following order: city, province or state, postal code, and the name of the country.

Position	Size	Description
162-201	40	Matched Name (Required)

Enter the name (per the financial institution's records) of the Accountholder whose SSN is entered in positions 015-023, Matched SSN.

Position	Size	Description
202-241	40	2nd Payee Name

If the Matched SSN/Name (positions 015-023 and 162-201, respectively) belong to the Primary Accountholder, enter the name of the Secondary Accountholder here, and the Secondary Accountholder's SSN in positions 411-419. If there are more than two owners of the account, the Secondary Accountholder would be any of the owners other than the Primary Accountholder (however, an individual rather than a business is preferred).

If the Matched SSN/Name (positions 015-023 and 162-201, respectively) belong to a Secondary Accountholder, enter the name of the Primary Accountholder here, and the Primary Accountholder's SSN in positions 402-410.

If the Matched SSN/Name belong to a sole owner, leave blank.

Position	Size	Description
242-321	80	Matched Name Address, City, State, Zip Code.

Enter the address (in the positions designated in the record layout) of the Matched Name whose SSN has been entered in positions 015—023. If the Matched name is the Primary Accountholder, and you do not have an address for them, enter the address of the Secondary Accountholder. If the Matched Name is a Secondary Accountholder, and you do not have an address for them, enter the address of the Primary Accountholder.

Position	Size	Description
322-326	5	FIPS Code Pass-Back Information (Required)

The FIPS Code Pass-Back Information field from the FTB Inquiry File "I" Record positions 072-076 must be passed-back to FTB here. For Multistate financial institutions, this code determines which State will receive the account information for the match.

Position	Size	Description
327-349	23	Additional State Pass-Back Information (Required)

Any Additional State Pass-Back Information from the FTB Inquiry File "I" Record positions 077-099 Must be passed-back to FTB here. If the field is blank, pass-back blanks.

Position	Size	Description
350	1	Blank
351-357	7	Account Balance

Show the account balance or value in whole dollars only with the sign trailing (positive/negative) or embed the sign in the account balance field without occupying an additional storage position. Embedded signs cannot be used in PC created files. For brokerage firms reporting margin accounts, the balance or value is the account holder's equity position or the value of the account less any borrowed amount. For accounts with balances of 999,999 (for amount with trailing sign) or 9,999,999 (for amount with embedded sign) enter 999,999 or 9,999,999 respectively. For closed accounts, or where the information is unavailable, fill with zeroes and enter "0" (zero) in position 361.

Method 2 "B" Record

Position	Size	Description
358	1	Match Flag

Each account with a financial institution that is associated with an SSN that matches an SSN included on the FTB Inquiry File should be reported as a separate "B" Record on the financial institution's Match File. An additional match (comparison) of the last name in the financial institution's records for a particular SSN (the Matched Name) and the name on the FTB Inquiry File for that SSN may prevent the financial institution from receiving incorrect levies. Compare the first four characters of the Inquiry File Last Name in positions 021-040 of the "I" Record to the first four characters of the last name in the financial institution's records (the last name of the Matched Name). The first 4 characters of the last name in the financial institution's records should be reported in positions 008-011 of this "B" Record.

Enter "0" if the institution is unable to match the last name.
Enter "1" if the first four letters of the matched last name and that of the Inquiry File last name are the same.
Enter "2" if the first four letters of the matched last name and that of the Inquiry File last name are **not** the same.

Position	Size	Description	
359	1	Trust Fund Indicator	Do not enter a blank.

Enter a single digit (0—6) to indicate whether the account registration shows it as a trust or escrow account. Enter a zero (0) if the account is not registered as a trust or escrow. For closed accounts, enter "0" (zero) and enter "6" if the information is not available.

0 = Not a Trust Account	4 = Security Deposits (incl. Real Estate)
1 = UTMA/UGMA Account	5 = Other Trust/Escrow
2 = IOLTA Account	6 = Information Not Available
3 = Mortgage Escrow Account	

Position	Size	Description
360	1	Blank
361	1	Account Balance Indicator

Enter "0" if the account balance to be entered in positions 351-357 has not been provided.
Enter "1" if an average balance is reported.
Enter "2" if a current balance (as of the day the report is created) is provided.

Position	Size	Description
363-370	8	Date of Birth

Enter the date of birth of the matched account owner whose SSN is entered in positions 015-023, if known. Report the date in CCYYMMDD format (i.e., August 1, 1970 = 19700801). If not available, enter blanks.

Position	Size	Description
371-380	10	State Pass-Back Information (Required)

The State Pass-Back Information from the FTB Inquiry File "I" Record positions 011-020 must be passed-back to FTB here.

Position	Size	Description
381-382	2	Account Type

Enter two digits for the code that identifies the type of account. If an IRA or ERISA Plan contains any of the others, identify the account only as an IRA or ERISA Plan. A compound account is an investment account where portions of the balance are in differing funds - stock, money market, bonds etc.

00 = Not Applicable	12 = IRA/Keogh Account
01 = Savings Account	14 = ERISA Plan Accounts
04 = Checking/Demand Deposit Account	16 = Cash Balances
05 = Term Deposit Certificate	17 = Compound Account
11 = Money Market Account	18 = Other

Method 2 "B Record

Position	Size	Description
383-397	15	Case Pass-Back Information (Required)

The Case Pass-Back field from the FTB Inquiry File must be returned along with the account information. Enter the information from positions 057-071 of the "I " Record. If the FTB file includes multiple records matching the account, submit the account information once for each time that the individual SSN appears on the FTB file. If the field is blank on the Inquiry File, pass-back blanks.

Position	Size	Description
398-400	3	Blanks

Position	Size	Description
401	1	Payee Indicator

The "Matched" account owner is the person whose SSN is entered in positions 015-023 and whose name is entered in positions 162-201 of this "B" Record.

Enter "0" if the "Matched" account owner is the sole owner of the account.
Enter "1" if the "Matched" account owner is a secondary owner of the account.
Enter "2" if the "Matched" account owner is the primary owner, and there is one or more secondary owner(s) of the same account.

Position	Size	Description
402-410	9	Primary SSN

If the Matched SSN in positions 015-023 belongs to the Primary Owner of the account, enter blanks in this field.

If the Matched SSN in positions 015-023 belongs to a Secondary Owner of the account, enter the Primary Accountholder's SSN here, and enter a "1" in position 401 of this "B" Record.

Position	Size	Description
411-419	9	2nd Payee SSN

If the Matched SSN in positions 015-023 belongs to the Primary Owner of the account, and there is one or more Secondary Owner(s), enter the SSN of the Secondary Accountholder whose name is entered in positions 202-241 of this "B" Record. If there are more than two owners of an account, the Secondary Accountholder would be any of the owners other than the Primary Owner. Also enter "2" in position 401 of this "B" Record.

If the SSN of the Secondary Accountholder is not known or if the Matched SSN in positions 015-023 belongs to a sole owner of an account, enter blanks.

Position	Size	Description
420	1	Blank

When applicable, such as for files submitted on diskette or CD, position 420 may be used for a carriage return or a line feed character.

METHOD 2 MATCH FILE "T" RECORD (TOTALS)

The "T" Record is a summary of all the "B" Records reported for the financial institution whose FEIN is entered in positions 007-015 of the "A" Record. The totals in the "T" Record are a count of a particular item reported in the "B" Records or a sum of dollar amounts reported in the "B" Records of a particular financial institution. Enter numeric values. Right-justify information and zero fill unused positions.

"T" Record	Size	Description	Comments/Format
001	1	Record Type	Constant "T"
002-010	9	Total Number of Accounts Reported	Numeric
011-019	9	Constant zero	Numeric
020-028	9	Number of Accounts where Match Flag = 1	Numeric
029-037	9	Number of Trust Accounts Reported (All Types)	Numeric
038-046	9	Constant zero	Numeric
047-055	9	Blanks	
056-064	9	Constant zero	Numeric
065-073	9	Blanks	
074-082	9	Total Number of Accounts Compared Against State File	Numeric
083-091	9	Total Dollar Amount Reported	Numeric, sign trailing
092-100	9	Total Number of IRAs Reported	Numeric
101-420	320	Blanks	position 420 may be carriage return or line feed

Position	Size	Description
002-010	9	Total Number of Accounts Reported

Count the number of "B" Records reported and enter the total.

Position	Size	Description
011-019	9	Constant Zero

Zero fill all 9 positions.

Position	Size	Description
020-028	9	Number of Accounts where Match Flag = 1

Count the number of "B" Records with a "1" entered in position 358 of the "B" Record and enter the total here.

This comparison of the "Matched" last name to the last name on the Inquiry File may prevent financial institutions from receiving incorrect levies.

Position	Size	Description
029-037	9	Number of Trust Account Reported

Count the number of "B" Records that are Trust accounts (all types of trusts) and enter the total.

Position	Size	Description
038-046	9	Constant Zero

Zero fill all 9 positions.

Position	Size	Description
047-055	9	Blanks

Position	Size	Description
056-064	9	Constant Zero

Zero fill all 9 positions.

Position	Size	Description
065-073	9	Blanks

Position	Size	Description
074-082	9	Total Number of Accounts Compared Against State File

Count the total number of accounts held by the financial institution that were compared to the FTB Inquiry File and enter the total.

Position	Size	Description
083-091	9	Total Dollar Amount Reported

Sum the account balances reported in positions 351-357 of the "B" Records and enter the total. Zero fill if account balances were not provided.

Position	Size	Description
092-100	9	Total Number of IRAs Reported

Count the number of "B" Records that are IRAs and enter the total.

Position	Size	Description
101-420	320	Blanks

When applicable, such as for files submitted on diskette or CD, position 420 may be used for a carriage return or a line feed character.

METHOD 2 INQUIRY FILE—TO BE MATCHED AGAINST FINANCIAL INSTITUTION ACCOUNTS

This is the record layout for the Inquiry File (list of child support debtors) provided by FTB to be matched against accounts held by financial institutions.

The FTB Inquiry File must be matched against all open accounts maintained by the institution and all account owners, including secondary owners. Note that institutions must match this file against accounts not normally considered for 1099 Reporting, including non-interest bearing accounts and accounts earning less than $10 of interest or dividends.

The Inquiry file will be sent on IBM 3480 tape cartridges, standard ½" reels or CD. See Inquiry File Magnetic Media Specifications on page 7.

Inquiry Files will contain only 3 kinds of records:

"D"	A record identifying the year and month the file was created by FTB.
"I"	The basic inquiry record, identifying the person to be matched.
"T"	The total record showing the number of inquiry records on this file.

All records will have a length of 99 characters and will be blocked in groups of 100 records. These records are further defined below:

Inquiry File "D" Record

Position	Size	Description	Comments/Format
001	1	Record Type	Constant "D"
002-007	6	Year and Month File Generated	CCYYMM
008	1	Data Match File Indicator	Constant "M"
009-099	91	Blanks	

Position	Size	Description
002-007	6	Year and Month Generated

The year and month that the Inquiry File was generated will be entered in century format. For example, July of 2000 would be entered as 200007.

Inquiry File "I" Record

Position	Size	Description	Comments/Format
001	1	Record Type	Constant "I"
002-010	9	Inquiry Social Security Number	
011-020	10	State Pass-Back Information	
021-040	20	Inquiry Last Name	
041-056	16	Inquiry First Name	
057-071	15	Case Pass-Back Information	
072-076	5	FIPS Code Pass-Back Information	
077-099	23	Additional State Pass-Back Information	

Position	Size	Description
002-010	9	Inquiry Social Security Number (SSN)

This field contains the SSN of the person to be matched. A match is to be reported by the financial institution for each account that is owned by someone with the same SSN entered here. It is possible that a single SSN will appear more than once on the Inquiry File. These multiple entries will be differentiated by Case Pass-Back Information entered in positions 057-071 of this "I" Record. If a match occurs, the account information should be submitted as a separate "B" Record on the financial institution's Match File for each time the individual SSN (and Case Pass-Back Information) appears on the FTB Inquiry File.

Inquiry File "I" Record

Position	Size	Description
011-020	10	State Pass-Back Information

This field is a 10-digit alphanumeric entry (may be blank) which has significance to FTB in its administration of the Data Match System. This information must be passed back to FTB if a match is found.   If this field is blank, blanks are passed back on the financial institution's Match File "B" Record.

Position	Size	Description
021-040	20	Inquiry Last Name

This is the last name of the person whose SSN is entered in positions 002-010 of this "I" record. This field is left-justified and unused positions are filled with blanks. If there is more than one "I" Record with the same SSN in the Inquiry File, the multiple records are distinguished by the Case Pass-Back Information in positions 057-071 for CA matching purposes. Matches identified by a financial institution for a corresponding SSN should be reported by the financial institution even if the name in the financial institution's record does not match the inquiry record.

Position	Size	Description
041-056	16	Inquiry First Name.

This is the first name of the person whose SSN is entered in positions 002-010 of this "I" Record. The field is left-justified and any unused positions are filled with blanks.

Position	Size	Description
057-071	15	Case Pass-Back Information

This 18-digit alphanumeric field (may be blank) has significance to FTB for its child support case administration. This field must be passed back to FTB if a match is found. If this field is blank, blanks are passed-back on the financial institution's Match File "B" Record.

Position	Size	Description
072-076	5	FIPS Code Pass-Back Information

This field is a 5-digit alphanumeric field that contains the FIPS code of the state that is inquiring about the SSN. This information must be passed back to the state if a match is found. This code is used to determine which state will receive the match account information of Multistate financial institutions. The code for California is 06.

Method 2 Inquiry File "T" Record

Position	Size	Description	Comment/Format
001	1	Record Type	Constant "T"
002-011	10	Number of Inquiry Records on this file	Numeric
012-099	88	Blanks	

The Inquiry File contains highly confidential data. Do not write over or add files to the Inquiry File. All Method 2 filers are to return the Inquiry File to FTB either with their Data Match File or separately.

Common data match errors

FTB requires filers to verify the content of their data match files to ensure the accuracy of the data and reduce the need for FTB to return files for correction. Verification is especially important to institutions that have their reports prepared by a reporting agent.

Rejected files are returned, with an explanation, to the financial institution or the transmitter for replacement. Letters and error reports (if applicable) will be sent as notification that a file has been accepted. The institution is to make the appropriate corrections for the next data exchange.

Errors commonly made in the first year of California's bank match operation:

- Incomplete list of financial institutions and their FEINs attached to the Magnetic Media Transmittal sent by a Transmitter.

- Name and FEIN on the Magnetic Media Transmittal does not match the financial institution name and FEIN in the A Record or on the Election Form (common with mutual funds).

- Number of records on the file submitted to FTB not listed on the Magnetic Media Transmittal.

- FIPS Pass-Back Code missing or incorrect on the Method 2 Match File "B" Records.

- Blank financial institution street address (where the levy should be sent) in the "A" Record.

- A foreign address entered in the city, state and zip code fields without a code "1" in position 161 of the "B" record.

- Hyphens entered in the zip code field.

- "No Matches" reported incorrectly. "No Matches" should be reported by submitting a Magnetic Media transmittal with "No Matches" written in large bold print on the form. Do not submit a Magnetic Media File with zero "B" Records to report "No Matches".

- Magnetic tape filer indicator in the "A" Record entered somewhere other than positions 042-043. This field is optional, it would be better to leave the field blank rather than report it in the wrong positions.

- SSN blank or non-numeric. Our edit check counts blanks or non-numeric entries in the SSN field as an error. In some instances, such as foreign accountholders without an SSN or ITIN (IRS individual taxpayer identification number), there is no ID number available to report. The letter accompanying our edit reports acknowledges that exceptions to our request for correction (for the next quarter) may exist.

ELECTION FORM

Financial institutions use this form to elect the method for participating in the Financial Institution Data Match with the Franchise Tax Board (FTB). Please refer to the instructions on the reverse side for more information. When completed and signed by an authorized representative of your organization, this form will serve as the official data processing agreement with the Franchise Tax Board.

YOUR ORGANIZATION

Name: _____ FEIN: _____

Contact: _____ Phone: _____

E-Mail: _____ Fax: _____

Street address: Mailing address *(if different from street address)*:

Attn *(optional)*: _____ Attn *(optional)*: _____

_____ _____

_____ _____

ACTION

Effective Date of Change or Election

_____

☐ Initial Election

☐ Change election

☐ Add or change transmitter

EXCHANGE METHOD

☐ Method 1   The All Accounts Method. The first quarter of participation in a calendar year, the financial institution submits a file to FTB of all open accounts. For subsequent quarters, the file may contain all open accounts or just updates of opened, closed or changed accounts.

☐ Method 2   FTB sends a list of child support debtors (the Inquiry File) to the financial institution. The financial institution matches the Inquiry File against all open accounts and returns a file (the Match File) of the matched accounts. The Inquiry File will be provided on one of the following types of media (select one):

☐ IBM 3480 tape cartridge   ☐ standard ½" 9 track tape reel   ☐ CD

TRANSMITTER INFORMATION

If you plan to use a transmitter to exchange data with the Franchise Tax Board, please provide the following information about your transmitter:

Transmitter Name: _____ FEIN: _____

Address: ATTN *(optional)*: _____

_____

_____

Contact: _____ Phone: _____

E-Mail: _____ Fax: _____

AUTHORIZED REPRESENTATIVE

Name *(please print)*: _____ Title: _____

Signature: _____ Date: _____

INSTRUCTIONS
FIDM Election Form

Purpose

This form is used to elect the method for participating in the Financial Institution Data Match (FIDM) with the Franchise Tax Board (FTB). Complete this form including the authorized signature and fax it to (916) 845-0412 or mail it to:

> FIDM: Mail Stop B-40
> Franchise Tax Board
> PO Box 460
> Rancho Cordova CA 95741-0460

Calendar Year Participation

The Election form not only meets the federal requirement to enter into agreement to exchange data, but it also establishes where and to whom the Method 2 Inquiry File needs to be sent each quarter. Although the Election Form due date was set at 75 days prior to the data exchange due date, FTB will accept Election Forms at any time. However, in order to receive a Method 2 Inquiry File according to schedule, the Election Form must be received prior to the Inquiry File mail date shown below.

Quarter	Quarter Months	Election Due	FTB Inquiry File Mail Date (Meth 2)	Method 1 & 2 Data Due
1st Qtr	Jan, Feb, Mar	Jan 15	Apr 15	May 30
2nd Qtr	Apr, May, Jun	Apr 15	July 15	Aug 30
3rd Qtr	Jul, Aug, Sep	Jul 15	Oct 15	Nov 30
4th Qtr	Oct, Nov, Dec	Oct 15	Jan 15	Feb 28

Your Organization

Complete the Name line in this section of the form with the exact name that you will enter as the institution name in the "A" Record of the Method 1 or Method 2 file that you will submit to FTB. Also enter the same name on the Magnetic Media Transmittal Form FTB 2049C. When one institution is submitting a separate file for each of its money market mutual funds, each fund should be treated as if it is a separate financial institution by filing a Election Form for each fund with the reporting institution shown as the transmitter.

Generally, FTB uses the organization street address for mailing, unless a different address is provided as the mailing address. However, FTB sends packages (all Method 2 Inquiry Files) by UPS, and must use the street address for delivery, not a PO Box. Therefore, the Method 2 Inquiry File will not be sent to the organization's mailing address if it is a PO Box.

Inquiry File Media

The standard ½" 9 track tape reel will have a density of 6250 BPI unless 1600 BPI is specifically requested.

Transmitter Information

Enter the requested information about the organization that will participate in the data exchange (Method 1 or Method 2) on behalf of your organization. The Method 2 Inquiry File will be sent directly to your transmitter unless you contact our FIDM Call Site to make other arrangements.

Do not enter your organization on the form as its own transmitter, unless you are also submitting a separate file (which may be included on the same tape, diskette or CD) on the behalf of another financial institution. In this instance, your organization would be entered as the transmitter on both forms.

Enter a street address for your transmitter, not a PO Box.

Definitions

FEIN: Federal Employer Identification Number

Authorized Representative: An officer or executive of your organization.

Assistance

The FIDM Call Site: (916) 845-6304

STATE OF CALIFORNIA
FIDM: MAIL STOP B-40
FRANCHISE TAX BOARD
PO BOX 460
RANCHO CORDOVA CA 95741-0460

WAIVER REQUEST FORM

FTB will consider waiver requests from the Financial Institution Data Match requirements under one of three conditions: 1) the total number of open accounts held by the institution is less than 250; 2) the institution does not maintain account information on a computerized record keeping system; or 3) the required system modifications constitute an initial burden to institutions with complex system changes.

YOUR INSTITUTION

Name: _____   FEIN: _____

Contact: _____   Phone: _____

Street address: Mailing address *(if different from street address)*:

Attn (optional):_____   Attn (optional) : _____

_____   _____

_____   _____

_____   _____

ACTION

Request waiver for the entire calendar year of _____.

Request waiver for part of the calendar year of _____.

Please specify the quarters for which you are requesting a waiver:

☐ quarter 1

☐ quarter 2

☐ quarter 3

☐ quarter 4

WAIVERS WILL BE VALID FOR A MAXIMUM OF ONE CALENDAR YEAR.

QUESTIONNAIRE

1. Do you have more than 250 open accounts?

   ☐ Yes   ☐ No

   Actual number: _____

2. Are your accounts available on a computerized record keeping system?

   ☐ Yes   ☐ No   When do you plan to implement computerized record keeping?

   Date _____

3. Please explain why you are unable to participate in the data exchange at this time.
   _____
   _____
   _____
   _____

AUTHORIZED REPRESENTATIVE

Under penalty of perjury of the laws of the State of California, I declare that I have examined this form, including any accompanying statements, and to the best of my knowledge and belief it is true, correct and complete. Further, I declare that the financial institution I represent meets one of the three waiver qualifications listed on this form.

Name *(please print)*:_____   Title: _____

Signature: _____   Date: _____

FTB 2049B (REV 03-2000) SIDE 1

INSTRUCTIONS
FIDM Waiver Request Form

Purpose
This form is used to request a delay or pardon from participation in the data exchange for 1 to 4 quarters of a calendar year. The intent of the form is to allow financial institutions time to prepare for participation or to grow to a size of holding over 250 accounts. Once the ability to participate is on hand or obtainable, the financial institution is expected to begin participation in the exchange process even though a waiver may have been previously granted for a longer period of time.

Guidelines for Approval
The Waiver Forms received by the Franchise Tax Board (FTB) are reviewed for approval. Generally, a copy of the approved Waiver is mailed or faxed to the financial institution within 45 days of the date of receipt. FTB will consider waivers under any of three conditions:

1. The total number of open accounts held by your institution is less than 250.
2. Your institution does not maintain account information on a computerized system.
3. Time is needed to make system modifications.

Your Institution
Enter your institution's name exactly how it will be entered on the Election Form, Magnetic Media Transmittal and the data exchange file when you begin participation.

Action
This section of the form allows you to request a full or partial calendar year waiver by quarters. When requesting a partial year waiver it may be helpful to look at the data exchange due date in the chart below and scan over to the related quarter to determine how to complete the Action Box.

Quarter	Quarter Months	FTB Inquiry File Mail Date (Meth 2)	Method 1 & 2 Data Exchange Due
1st Qtr	Jan, Feb, Mar	Apr 15	May 30
2nd Qtr	Apr, May, Jun	July 15	Aug 30
3rd Qtr	Jul, Aug, Sep	Oct 15	Nov 30
4th Qtr	Oct, Nov, Dec	Jan 15	Feb 28

Contact/Phone
Name and number of the person within your organization designated to answer questions regarding the Financial Institution Data Match (FIDM)

FEIN
Federal Employer Identification Number

Authorized Representative
Officer or executive of your organization

FIDM Call Site (916) 845-6304

STATE OF CALIFORNIA
SERVICE AND SUPPLY
MAGNETIC MEDIA FIDM
FRANCHISE TAX BOARD
9645 BUTTERFIELD WAY
SACRAMENTO CA 95827

MAGNETIC MEDIA TRANSMITTAL FORM
Financial Institution Data Match

File Creation Date _____   **Type of Reporting:**   Method 1 ☐   Method 2 ☐

Data Exchange Quarter ____   **Year**_____
(1-4)

Financial Institution Information

Institution FEIN _____   Number of Records Reported _____

Institution Name _____

Address _____

City _____ State _____ Zip _____

Contact Person _____ Phone _____ Ext. ____

Transmitter Information
Only enter transmitter information if transmitter is different than the institution named above.

Transmitter Name _____ FEIN _____

Address_____

City _____ State _____ Zip _____

Contact Person _____ Phone _____ Ext. ____

Media Characteristics:

3 ½" Diskette:____ or CD: ____   File name used on Diskette or CD: _____

Tapes and cartridges:

____ EBCDIC   ____ ASCII   SERIAL NUMBER _____

____ STD LBL   ____ NO LBL   BLOCK SIZE _____

Send this form with your magnetic media file to:

Shipping *(preferred method)*:

    Service and Supply
    Magnetic Media FIDM
    Franchise Tax Board
    9645 Butterfield Way
    Sacramento CA 95827

U.S. Postal Service:

    Magnetic Media FIDM
    Franchise Tax Board
    PO Box 942840
    Sacramento CA 94240
    (Must use PO Box for US Postal Service Delivery)

INSTRUCTIONS
FIDM Magnetic Media Transmittal Form

Purpose
The Magnetic Media Transmittal Form must accompany your data exchange file submitted to the Franchise Tax Board (FTB) to ensure proper handling. It is important to fill out the form accurately and completely.

Data Exchange Quarter
Enter the calendar quarter represented by the file submitted.

Quarter	Quarter Months	FTB Inquiry File Mail Date (Meth 2)	Method 1 & 2 Data Exchange Due
1st Qtr	Jan, Feb, Mar	Apr 15	May 30
2nd Qtr	Apr, May, Jun	July 15	Aug 30
3rd Qtr	Jul, Aug, Sep	Oct 15	Nov 30
4th Qtr	Oct, Nov, Dec	Jan 15	Feb 28

Type of Reporting
Method 1 and Method 2 files **must not** be included on the same media *(tape, diskette, CD).* Check the box to reflect which type of file is being submitted.

Financial Institution Information
In the space provided following the institution FEIN, enter the total number of the records included on the media accompanying the transmittal.

Enter the name of the financial institution exactly as it is shown in positions 050-089 of the "A" Record. An Election Form should also be on file with FTB under the same name.

When more than one file is included on a single media, all the Financial Institution Information requested on the transmittal must be disclosed for each file. This may be accomplished by enclosing a separate Magnetic Media Transmittal Form for each file *(each financial institution)* or by attaching a list to a single transmittal reporting all the financial institution information for each file.

Money Market Mutual Funds
A financial institution may submit media with a separate file ("A " Record, "B" Records and a "T" Record) for each of its money market mutual funds. If this is so, there should be an Election Form FTB 2049A on file under each money market mutual fund name with the financial institution shown as the transmitter.

Transmitter Information
Enter the requested information about the organization that is submitting a data exchange file (Method 1 or Method 2) on behalf of one or more financial institutions.

Do not enter your organization on the form as its own transmitter, <u>unless</u> you meet one of the following exceptions:
- You are also submitting a separate file *(which may be included on the same tape, disk or CD)* on the behalf of another financial institution.
- You are reporting your money market mutual funds separately each with its own "A" Record, "B" Records and "T" Record.

Method 2 "No Matches" and Method 1 "No Updates"
FTB must be notified if the Method 2 match process or the Method 1 update selection process results in "No Matches" or "No Updates," respectively. You may notify FTB by mail, fax or e-mail. You may complete and submit (by mail or fax) a Magnetic Media Transmittal Form with the words "No Matches" or "No Updates" written in large bold print near the top of the form. Similar to submitting media with multiple files, a list may be attached to a single transmittal for multiple institutions that do not have any matches or updates for a particular quarter. Or send an e-mail notification including the same information requested on the Magnetic Media Transmittal Form for the financial institution, transmitter, quarter and reporting method. Do not submit a file that contains no match or update data.
Mail: Franchise Tax Board, FIDM: Mail Stop B-40, PO Box 460, Rancho Cordova, CA 95741-0460.
Fax: Attn: FIDM (916) 845-0412
E-mail: fidmhelp@ftb.ca.gov